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DEERING J. ROBERTS, M.D., - - *Editor and Proprietor.*

Vol. XVI. NASHVILLE, SEPTEMBER, 1894. No. 9.

Original Communications.

EXTRA-UTERINE PREGNANCY.*

BY RICHARD DOUGLAS, M.D., OF NASHVILLE, TENN.

At our annual convocation it is anticipated that each member of the organization will contribute, either by discussion or by essay, to our proceedings. Yet, I regret to say, the Secretary had to labor with much energy to procure a full programme. Our fellows are slow to present their work, simply because they have not met with a "unique case," or a new coccus, or an interesting case in practice, which they can, under some meaningless cover, offer us as a surprise party.

The daily work of the busy practitioner leads him into certain channels. He is over-laden in mastering the many phases of the common ailments, and he has but little time and less need for exceptional cases and conditions. I therefore invite your attention to a condition so frequent and of such vital importance that it must appeal with interest to every practitioner in this hall.

*Read before the Tennessee State Medical Society, April, 1894.

Ectopic gestation is the subject that has claimed my attention for years. It is my desire to briefly present the practical results of my labors:

Case I.—Anna, negress, aged 23, was seen in consultation with Drs. Baskette and Wilson, and the following history elicited: Mother of three children, the youngest eight months old; her general health fair, considering her surroundings. Scanty menstruation had appeared twice at proper intervals after the birth of last child. In hastily getting out of bed one morning, she felt a sharp, cutting pain in the left side, grew dizzy, became nauseated, and sank to the floor in a faint. Her husband assisted her to bed. She soon reacted, but still suffered excrutiatingly with what she now described as "cramping pains." These finally passed away, only leaving her a little tender over the abdomen. Three weeks after the first attack, she was again seized with abdominal pains and great prostration. Recovering somewhat from this seizure, she now developed inflammatory symptoms, with a continuous uterine hemorrhage. It was at this juncture that I was called.

We found the abdomen distended by a tense elastic tumor, occupying almost a central position, to within an inch of the umbilicus. There was extreme tenderness and tympany. Vaginal examination revealed an enlarged uterus retroflexed and fixed by a mass that appeared to fill the entire pelvis and greatly encroached upon the vagina. The mass was irregularly hard and soft—at points almost fluctuant. The impulse of the uterine arteries could easily be felt.

The analysis of the symptoms, coupled with the physical signs, while not furnishing a complete chain of evidence, would admit of but one diagnosis, upon which we all agreed—that of ectopic gestation, with probable rupture into the broad ligament. Early operation was advised and determined upon.

The patient was removed to the college hospital, and the operation performed in the presence of the class the following day.

The tumor was found closely adherent to the anterior parietes. Opening the sac, a quart or more of clotted blood and a solid, organized mass, which I took to be the fruit-sac, were removed. I now saw that my operation, on account of adhesions, had been practically extra-peritoneal, and that the cyst walls were in

reality nothing but expanded broad ligament. Convinced that the pathology was an ectopic gestation with a rupture downward into the broad ligament, I determined to clean out the cavity of the hæmatoma and pack with iodoform gauze. This being done, the patient was put to bed in fair condition.

On the seventh day there was a secondary hemorrhage, which might have been serious but for the timely intervention of Dr. Baskette. He easily controlled the bleeding by firmly packing with gauze. The patient progressed after this to an uninterrupted recovery.

One morning before day, like an Arab, she folded her tent and quietly stole away. Last week she presented herself to me, an unusually fat, sleek little darkey, just three months after the operation.

Case II.—Mrs. H., aged 34; mother of four children, the youngest five years of age. Since the birth of last child she has suffered from some pelvic symptoms, and has at various times been under the care of specialists. Their diagnosis, as expressed to her, was catarrh of the womb. Her menstruation for the last year had been less painful and more regular than ever before. On December 24 last, she was seized with a sudden and violent pain in the lower portion of the abdomen. Her extremities became cold, and she was bathed in profuse perspiration; she did not faint or lose consciousness. About the first of January she had a uterine hemorrhage, which continued until she came under my care on February 25. She was profoundly anæmic, greatly emaciated, unable to move her body without excruciating pain, and was taking about three grains of morphine daily. Her temperature was 101°, and pulse 130. The abdomen was exquisitely tender and slightly distended. The cervix was enlarged, and in each vault I could detect a smooth, fluctuant tumor.

For some reason I was not impressed with the importance of the shock which occurred December 24. Disregarding this and other subjective symptoms, I diagnosed double pyosalpinx, and advised operation, which was done on February 26.

On opening the abdomen, a large tumor the size of a fœtal head lay upon the right side of the pelvis. After some difficulty, I succeeded in removing the omental attachments and

exposing the coverings proper of the tumor. From its dark color and elastic feel, it was manifest that I had to deal with encysted blood. Opening the mass by free incision on the top, two pints of blood-clot were removed. I was now able to trace my anatomical bearings. The Fallopian tube was found, as you see from the specimen, agglutinated to the ovary and a rupture on under surface. You can easily note the site of rupture. The hemorrhage had taken place between the folds of the broad ligament, widely separating them. The blood had even dissected its way under the peritoneum, lifting it from the uterus, so that there was quite a large clot which lay subperitoneally between the uterus and bladder. The tube and ovary were removed; the cavity of the broad ligament cleansed and packed with gauze. Directing my attention to the left side, I found a small ovarian cyst, which was responsible for her suffering for the last four or five years. This was removed, a careful toilet of the peritoneum made, and a glass drain introduced.

The patient did not do well after the operation. There was evidently some inflammatory action about the pedicle on the right side which gave temperature for a few days. Later a mural abscess formed. This protracted her recovery, but I am glad to say that she was discharged practically well in six weeks from date of her admission.

Case III.—Mrs. Ida L., aged 22, gave birth to a child four years ago, but sterile since that time. About a year ago she had rather a profuse menstruation, followed by slight symptoms of a pelvic inflammation. Since then she has suffered with leucorrhœa and painful micturition; she was perfectly well otherwise and normal in all her functions. Prior to last October the menstrual flow did not appear at the anticipated time. In October she had a slight show. However, in October and December she felt nothing unusual, and did not believe herself pregnant. On January 1 she was seized with severe pain in the side, had a chill, and for several days was very much prostrated. The pain was sharp, cutting, and paroxysmal in character, and at times most acute about the umbilicus. A sympathetic pain was often felt in the left breast. These symptoms were followed by slight fever for several days, which subsided. She recovered sufficiently to sit up. On January 10 she became freely unwell, and consid-

ered it her normal menstruation. It was about this time that she observed there was swelling in the right side of the abdomen. The gradual increase in the swelling and the slight pelvic pain were the only annoying symptoms until about February 6, when there was again a free discharge of blood. She now had an exacerbation of her pelvic symptoms, considerable pain, tenderness, and pyrexia.

She was presented to my clinic February 25 with the diagnosis of uterine fibroid. I carefully investigated the case, and elicited the history as above detailed.

Local examination showed a slightly distended abdomen. A hard, globular swelling the size of a man's fist could be outlined in the right ovarian region; there was a flat, diffused hardness all across the lower portion of the abdomen. Vaginal examination revealed a large, soft cervix high up and anterior. The entire pelvis upon the left side was filled by an irregular, nodular mass; at one point, upon the extreme left, I could elicit fluctuation. The uterus was about four inches in depth.

After considerable study of the case and a most careful investigation into the personal history, I came to the conclusion that we had to deal with a ruptured ectopic gestation.

On February 28—that diagnosis being proclaimed—I operated before the class. Upon opening the abdomen, the globular tumor felt on the right side was found to be the fundus of the enlarged uterus, which was displaced from its position and elevated out of the pelvis by a purplish-black tumor the size a cocoanut, which completely filled the true pelvis and extended up into the abdomen. The intestine and omentum were closely adherent to the tumor. In attempting to peel these I unfortunately opened the mass. Had this not been done, it might have been possible to have removed the entire sac and its contents. A quantity of blood-clot and a fœtus were now removed. I now had to encounter the placenta, which was attached to the tube and broad ligament. It was quite large, as you can see by the illustration, which is the natural size. I feared hemorrhage from the separation, but finding I could peel it off with difficulty, I removed it *en masse;* then ligated and removed the tube and ovary. The rent in the broad ligament was partly closed by suture, the cavity flushed with hot water, and a drainage tube

introduced. For fear of hemorrhage at site of placental attachment in the cavity of the broad ligament, I packed with gauze.

The patient has rapidly recovered.

The specimen is a very perfect one. I would particularly call your attention to the thick placenta, upon which I may have something more to say.

I believe this operation was most timely, for, from appearance, the posterior covering was about to give way, and a secondary rupture into the peritoneal cavity would have been speedily fatal.

I would be pleased to supplement the cases with six others, five of which were operated upon, with one death. The unfortunate case was one of extra-peritoneal rupture of some three weeks' standing. The operation was undertaken under the most adverse circumstances, the patient dying on the third day from exhaustion.

The sixth case in the series was a post-mortem. The patient was taken suddenly sick while shopping, and brought to my office, where she died in a few moments. The diagnosis was made by Drs. Cain, Wilson, and myself.

Reflections.

Observers generally declare that it occurs with equal frequency in either tube. From so small a group of cases as I submit, one should not draw conclusions, yet in seven out of nine cases the left tube was the seat of the vicarious growth. Salpingitis, its attendant complications and distortions, is unquestionably the most active causal factor. In eight out of the nine cases there was a history of antecedent pelvic inflammation. I might go still further, and say that in four of them I have every right to believe that it was due to gonorrhœa. Pain was a conspicuous symptom in all my cases, whether due to tension upon the tube-wall (Price); or to the apopletic ovum and its gradual separation, as hemorrhage accumulates before rupture; or to tension upon the broad ligament, as it is distended by the accumulating fluid after rupture; or to the extension of clots, uterine and tubal contraction, or mild peritonitis. Pain is a constant symptom present before, at the time of, and after rupture, and may be variously described as cramping, colicky, sharp, cutting, tearing, burning, or expulsive.

So much has been said by worthy observers about shock, I only mention it to emphasize its importance, and to urge you to give it due consideration when met with in woman, regardless of the other points in the history. Had I given due regard to the element of shock, the second case reported would not have been diagnosed as pyosalpinx.

Berry Hart tells us that the most common site of rupture is through some part of the tube covered by the peritoneum. If one will take the trouble to go through the cases that abound in literature, they will show that primary intra-peritoneal ruptures are comparatively infrequent as compared with intra-ligamentous ruptures. However, I have seen three intra-peritoneal ruptures and six of the downward variety.

In a recent discussion Drs. Coe and Hanks, of New York, expressed their disbelief in these secondary ruptures through the broad ligament into the peritoneal cavity. Observers have been at fault, or else these excellent gentlemen entertain views peculiar to themselves. I am convinced the second case reported—from which this beautiful specimen was removed—was on the eve of secondary rupture.

In one of my early cases I found a rent in the tube and broad ligament. There had been an interval of nearly four weeks since the first shock, and it is probable that the broad ligament tear was secondary to the tubal rupture. However, as the rent was continuous from the tube into the broad ligament, I considered it of primary intra-peritoneal rupture.

It is a matter of the greatest importance to the attending physician to determine as well as he can the state of rupture—that is, whether it is extra- or intra-peritoneal. In these cases, when the differential diagnosis can be made, our line of conduct is clear. The symptoms and physical signs which enable us to make the differential diagnosis at the time of rupture are in a measure reliable. Intra-peritoneal rupture produces more profound shock, from which the patient may not recover; or, if reaction does occur, it is incomplete, and the patient's pulse remains fast and thready. The heart's action is influenced by the slightest exertion. In a few days—if the patient lives so long after rupture—the skin and conjunctiva become dyed from the rapid absorption of hæmoglobin. The great thirst, the nau-

sea, the hurried thoracic respiration, are all symptoms indicative of the graver character of the lesion. The physical signs are a rigidity of the abdominal muscles after the patient recovers from shock, the absence of any definite tumor, and exquisite tenderness all over the abdomen. The vaginal examination throws but little light on the case. There is a general fullness in the vaginal vaults, and there is no distinct tumor or mass. Perhaps a little lateral or ante-lateral displacement of the soft and enlarged uterus is the only physical evidence of intra-peritoneal rupture.

In subperitoneal ruptures, when the hemorrhage accumulates between the folds of the broad ligament, I do not think the pain is acute, nor the shock so profound and persistent. Patients may recover in an hour after the accident.

The constitutional symptoms of internal hemorrhage are not so marked; the acute anæmia is not present. If examined at the time or soon after, there is a distinct or circumscribed tumor. The mass lies down in the pelvis, and may force the uterus from its cavity, as in Case III. It lies on one side of the uterus, generally behind that organ, and bulges into the vagina. It is irregularly nodular and soft, and part of the fœtus may be felt and recognized through the vagina. The subsequent behavior of an intra-peritoneal rupture is altogether different from an intra-abdominal rupture.

Our treatment in any given case of tubal gestation at the time of rupture should be based upon the diagnosis of whether it is intra- or extra-peritoneal. I am fully aware that many of the most successful operators — Bantock leading the list — oppose operating in time of shock. The conditions in intra-peritoneal rupture are in every way favorable for continuous bleeding; and, although two of my patients did not actually bleed to death at the time of rupture, the arrest was merely accidental; and I can see no reason why the generally-accepted principle in surgery should not obtain under these conditions.

Convinced, then, as to the intra-peritoneal variety of the rupture, we should, without delay, open the abdomen and grasp the proximal side of the tube. This arrests hemorrhage. Now transfuse your patient with a saline solution, bring up blood-pressure, and complete the operation by removal of the tube as expeditiously as possible. To hurry along simply to effect removal

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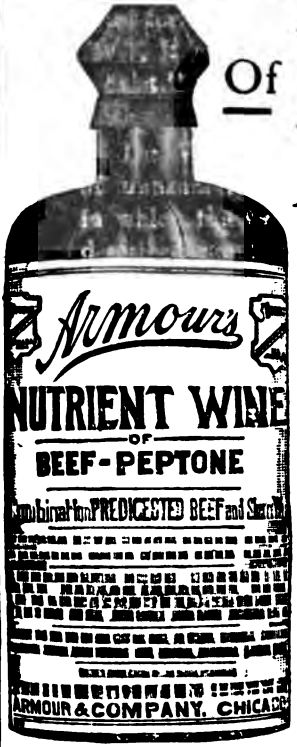

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of the tube and blood-clot from the abdomen at the sacrifice of your patient, after you have effected the prime object you have undertaken—namely, control of hemorrhage—is not judicious surgery. What does it matter if the patient is upon the table half an hour, or even an hour, if in that time you are supplying the collapsed blood-vessels with a fresh volume of saline solutions? The field of operation should be protected by hot pads, and the reliable stimulants, strychnine and digitalis, should be employed. The equipment necessary to carry out this procedure can be obtained in the few minutes granted us. Upon the other hand, if, from the symptoms and local signs, your rupture is extra-peritoneal, your hemorrhage circumscribed within the folds of the broad ligament, prudence recommends waiting for thorough reaction even more. Take twenty-four to thirty-six hours and prepare your patient in the usual way for section. It simplifies the case and greatly enhances the chances for recovery.

I am not familiar with the vaginal evacuation of the broad ligament accumulations, and, if I am to be governed by my own experience, I shall continue to remain in ignorance. The changes which take place in the tube under the influence of ectopic gestation leave it as a dangerous and useless appendage, and its removal is required.

NOTES ON THE OBSERVATIONS OF MALARIAL ORGANISM IN CONNECTION WITH ENTERIC FEVER.

At the recent meeting of the Association of American Physicians in Washington, May 29–31 and June 1, Professor Gilman Thompson, of New York City, read a paper entitled "Notes on Observations of Malarial Organisms in Connection with Enteric Fever."

Professor Thompson, after detailing the clinical history of his three cases in which the conjoint action of the malraial poison and typhoid-fever germ was commingled and displayed, says: "It is not well to draw hasty conclusions from a very limited number of cases, but there is a kind of evidence which does not need to be multiplied to be convincing; and it seems to me, from the

observations of the few cases herewith presented, that while it is unwise to accept the term typho-malarial fever as indicating a third form of disease, which is neither typhoid fever nor malarial fever, it can not be denied that the two latter diseases may coëxist."

SSION..

DR. WILLIAM OSLER. The first case of Dr. Thompson's is of unusual interest. I know of no instance in literature in which the two cases have been so accurately and carefully described running concurrently. It would be a very great mistake to suppose that chills in typhoid fever always indicate malaria, since it is well recognized that they are by no means uncommon, and due to various causes. Within the past year at the Johns Hopkins Hospital we have had several instances of typhoid fever with heavy chills in which malarial parasites were not present. I show here a chart of the only case in which the patient was admitted to the hospital with a double infection of malaria and typhoid fever. The man, aged 20, had, for sixteen days prior to admission, headache, cough, occasional nose-bleeding, and three chills. On admission, October 16, the temperature was 100°, but fell in the early morning of the 17th to 96°. The malarial parasites were found to be present in the blood. He was ordered quinine, four grains, three times a day. On the 17th the temperature began to rise a little after 12 M., and at 3:30 P. M. he had a chill, after which the temperature rose to nearly 105°, then fell throughout the next night, and was normal at 8 A. M. The case was one of ordinary tertian intermittent, and the quinine was continued. On the 18th, 19th, 20th, 21st, and 22nd, the temperature was normal or subnormal. A two-hourly temperature had been taken. Up to 8 A. M. on the 22nd he had taken eighty grains of quinine. He had no more fever, and the malarial parasites had disappeared from the blood. At 8 A. M. on the 22nd the temperature was 97.5°. At 4 P. M. it was 98°. It gradually rose through the evening, and at 12 midnight it was 102.5°. The next morning it was 102.2°; rose throughout the day from 4 to 8 P. M. was 105°; so that within the twenty-four hours from 4 P. M. of the 22nd to 4 P. M. on the 23d the temperature had risen 7°. This rise was the beginning of a very severe attack of typhoid fever, with all the characteristic

features of the disease, the temperature not reaching normal until the sixth week, and during it he had not a single feature pointing to any influence of malaria.

We have had recently under observation an instance in which malaria and pneumonia were concurrent—a very interesting case, indeed, of which I will pass around the temperature chart. The man came in on third day of his illness, temperature 102°, with the history of chills a year previously, and residence in a very malarial district. In the house in which he had been living, near Sparrows Point, the woman and her three children had suffered from malaria. His illness began two days before admission, and we regarded the case at first as probably typhoid fever. The blood, examined on admission, was negative. On the third day of the fever the malarial bodies were present in numbers. He was then given quinine, five grains in every four hours; and you will notice by the chart that the temperature went along uninfluenced by the quinine at all, although the malarial parasites disappeared from his blood. He had a very severe attack of pneumonia; had sweats on one or two days; no chills. On the eleventh day the crisis occurred, not very abruptly, and he entered upon a very satisfactory convalescence. Quinine was kept up from the 17th to the 21st. The blood was repeatedly examined, and the parasites were absent. Then it is interesting to note that just before he left the hospital, and nearly three or four weeks following his apyrexia, he had two chills and malarial organisms were demonstrated in the blood, so that the quinine which he had taken during the fever had not entirely destroyed the parasites. In all probability his malarial infection dates from a year previous, and is one of an instance of the common vernal recurrence. The case is of particular interest in connection with the old views of the relations of pneumonia and malaria, of which we do not hear very much now, but about which two generations ago the physicians of the South were so much perplexed.

These are the only two instances in a series of nearly three hundred cases of malaria and three hundred and nine cases of typhoid fever, and with blood examinations in all, in which the malaria has occurred with the other infection.

Dr. Janeway. This question of chills in typhoid fever

and their causation is a very interesting subject. We ought to recollect that when a chill comes in the course of typhoid fever, it is not necessary to suppose that it is due to the intercurrence of other disease. It is due in many cases to treatment. If we give the modern antipyretics in large doses, chills will occur, which are due simply to the fact that the temperature has been depressed, and then it rises, and this rise is accompanied by mild and sometimes by severe chills. Drop your antipyretics and the chills disappear. This is true, especially of the coal-tar products.

The fact of the combination of the two diseases is proven at times by the phenomena found at autopsy. The occurrence of typhoid lesions and of pigmentation, showing the coëxistence of lesions and of the two diseases, I have seen, and I have seen it in one case which was of great interest, where the clinical history did not show malarial symptoms. The case was of great interest in another way. The woman was delivered before a class of medical students in the amphitheatre of a hospital with forceps, and was taken with the initial symptom within thirty-six hours after such delivery. As the man who delivered her was the demonstrator of anatomy, he of course supposed that the case was one of puerperal fever, and she was removed to the hospital where I had charge, and there at first we did suppose that the case was going to be one of puerperal fever. The discharge from the uterus, however, was perfectly normal, and there were no phenomena pointing definitely to puerperal fever, simply the phenomena of typhoid. She died in the third week, and the lesions were those of typhoid fever with the addition of pigmented spleen, pigmented liver, and some pigmentation in the capillaries in other situations. To my recollection the clinical history did not show phenomena of malaria besides those of typhoid.

That we have malarial conditions coëxisting with typhoid, clinical histories and the administration of quinine have proved to me beyond doubt; and we have to say sometimes that we have malaria coëxisting with typhoid fever. I do not believe in giving the name "typho-malarial fever" to this combination. I think we should call it typhoid fever with malarial coëxistence. One reason for this is that physicians who give the name

"typho-malarial" to it assure the family that it is not typhoid fever, and thus take away the preventive measures for typhoid fever, and so do much harm. I have known cases where the use of such a term has been the cause of increased infection, for it has rendered the people satisfied, and the disease has spread in consequence.

DR. GEO. M. STERNBERG. Dr. Thompson's first case shows very clearly a mixed infection, which I judge in so pronounced a form is rather a rare thing. The other cases show the development of malarial fever during convalescence from typhoid—an occurrence which I believe is not very rare in malarial countries. I have risen for the purpose of calling attention to the fact that the cases presented by Dr. Thompson differ from those commonly diagnosed as typho-malarial fever in the Southern States and in other sections of the country. These cases usually are of a comparatively mild character, and do not present distinct malarial paroxysms characterized by a chill and sudden rise of temperature. The temperature is often quite irregular during the first week, having a remmittent character. This leads the doctor to make a diagnosis of malarial fever, and to prescribe quinine. In the course of the second week, however, the difference between the morning and evening temperature is not so marked, and he gives up his quinine, saying the fever has assumed a typhoid type. It has really been typhoid from the outset, although in these cases the symptoms are not so well defined as in typical cases of this disease. There is apt to be constipation, rather than diarrhœa; rose spots are scanty or absent; and yet these cases often occur side by side with severe cases of typhoid fever, and I believe them to be mild cases of typhoid infection. I have studied the statistics of the continued fever which occurred in our armies during the late war, when our army surgeons classified these fevers as simple continued, typhoid, and typho-malarial. These statistics show that the mortality from the fever diagnosed as typhoid was very much in excess of that from the form denominated typho-malarial fever. If the so-called typho-malarial fever was a mixed infection, it presented the anomaly of being less fatal than simple typhoid fever. In other words, if it was typhoid fever with a malarial complication, the complication modified the severity of the spe-

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infection, which is in nature and time quite independent of the enteric infection?

Dr. James E. Reeves. The subject before us is so important, and I have so much interest in it, that I am induced to add a few words to the already lengthy discussion.

In a paper on the "Natural History of Enteric or Typhoid Fever," which I had the honor to read before the Association in 1890, the same question was briefly noticed and the point made that the clinical history of the so-called typho-malarial fever met with at all seasons in Chattanooga and the Southern country round about, is in every essential particular unlike enteric or typhoid fever with which I have been acquainted for more than forty years.

Until my removal from West Virginia to Chattanooga, in 1888, I had not seen this form of "continued malarial fever" which has here been denominated "typhoid fever complicated by malarial fever." While true enteric or typhoid fever may in some cases be so complicated by malarial intoxication as to render it extremely difficult, if not impossible, to distinguish the original or leading element of the clinical history, it can not, I think, reasonably be assumed that all cases of enteric or typhoid fever in the Southern country are thus more or less complicated and masked by malarious influence; in other words, that we should not more frequently come across in the higher levels and most salubrious districts typical enteric or typhoid fever — uninfluenced by malarial complications—just as the disease is met with in nineteen cases out of twenty in Washington, Baltimore, Philadelphia, New York, Boston, and all other Northern and Eastern cities, towns, villages, and country districts.

The fact that such pure cases of enteric or typhoid fever are even more infrequent in Chattanooga and other Southern communities than the occurrence of mixed cases — such as the three cases upon which Dr. Thompson's able paper is founded — in New York City and elsewhere in the North and East is to my mind a most forcible answer to the question at issue before us.

The doctrine of the blending of types is not a new proposition. In 1852 Prof. Samuel H. Dickson contributed a paper to Vol. V. of the *Transactions of the American Medical Association* in its support. This was followed in 1856 by a communication

on the same subject to the *Buffalo Medical Journal*, by Prof. Austin Flint.

But while fully accepting the fact that these two very different morbific agencies may coëxist within the organism and display simultaneously the symptomatic phenomena peculiar to each, neither of the distinguished authorities just named believe in the *conversion* or metamorphosis of one species into another. The poison of malaria is a distinct quantity producing certain well-known symptomatic phenomena, and culminating either in intermitting or remitting fever, and these forms only; while the contagium of enteric or typhoid fever gives rise to certain other morbid results peculiar to that disease, and none other. In other words, each disease proceeds from the introduction into the system of a specific poison; and when the two poisons gain entrance into the body at the same time, a commingling of symptoms truly confusing even to the expert clinician may be the result; but the conjoint action or association of the two specific poisons can never give rise to a distinct or independent species. It is a natural law that hybrids are monstrosities and incapable of multiplication. The presence of malaria in conjoint action with the contagium of enteric or typhoid fever may, possibly, produce attenuation in some degree of the poison of the latter; but the union of the two elements can not give origin to a distinct permanent type of fever.

Enteric or typhoid fever is communicable from person to person, and can not spring up *de novo*. In its prevalence it may assume different degrees of severity, appear either in isolated cases with feeble contagious power, or seize whole households, attack whole neighborhoods, or spread over large districts, according to prevailing "epidemic constitution." Such, indeed, is not the history of the "continued malarial fever" we have in the South. The clinical features are also as markedly different. The temperature-curve is more variable and uncertain as to time of rise and fall; the gastro-hepatic involvement more pronounced, with nausea and vomiting, broad, flabby, creamy-colored tongue, bitter taste in the mouth, greenish tinge of the fluids ejected from the stomach, and the absence, as a rule, of diarrhœa, tympanitic distention of the abdomen, epistaxis, rose-colored spots, dullness of hearing, mental hebetude, or morbid vigilance and

delirium. All these clinical traits afford, I think, good ground for the belief that the fever about which there is so much difference of opinion among the physicians of Chattanooga, and elsewhere in the Southern States, is not enteric or typhoid fever; neither can it be called, without qualification, bilious remittent fever.

An attack of enteric or typhoid fever affords immunity usually for the remainder of life. This I have observed to be as constant as the safety from a second attack of measles, scarlet fever, small-pox, or yellow fever. In all my experience, I have never known a person to have the disease a second time. After an attack of "continued malarial fever," the patient has no such immunity, but is all the more liable to a second attack. In fact, his liability increases with each successive attack; and it is no uncommon observation to find a person who has had the disease several times. In the treatment of these cases, in the beginning quinine is not well borne, and is often more detrimental than remedial.

After convalescence from enteric or typhoid fever, there is in most cases rapid accumulation of flesh which is out of all proportion to the muscular strength; the hair falls out; and in due time the person is either greatly improved in general health or quickly succumbs to tubercular consumption, if he have such a tendency. After convalescence from "continued malarial fever," the subject is for several months in poor health and strength, his countenance is sallow, he does not gain his accustomed flesh, his digestion remains feeble, and he is inclined to drop into "chills and fever."

The greatest number of enteric or typhoid fever cases occurs within the seven years between the ages of eighteen and twenty-five. On the other hand, "continued malarial fever" attacks more frequently children below the age of ten years than above that age.

How much, as suggested by Dr. Janeway, medical treatment may have to do in formulating the temperature-range in these so-called typho-malarial cases, is truly an unknown quantity; but it may be safely said it can not deprive enteric or typhoid fever of its characteristic features.

For all these reasons may it not be true that there is an unrec-

ognized specific fever, intermediate in its march and complications between enteric or typhoid fever and the forms of malarial fever, which should be called by some other name? To this end I have already made some observations.

ELECTRICITY IN GYNÆCOLOGY.

BY WILLIAM A. GUTHRIE, M.D., OF FRANKLIN, KY.

I amagine that if Pliny, who recommended the application of the electrical eel for the cure of rheumatism and other allied affections, and Galvani, who discovered the galvanic current by mere accident when he hung some dead frogs on an iron balcony by means of copper hooks, could come back to the earth to-day, and be permitted to see electricity as it is seen and known by us, they would stand in awe before its great power and exclaim, "Who discovered this wonderful force?" Its rapid advancement teaches us that we should labor patiently and steadily on in a science that has already been so beneficiently developed; for, to my mind, electricity is only in its infancy to-day, and that there are other fields yet to conquer which are far more glorious than anything that has been explored. Electricity is not only being used as a wonderful force to operate our telegraph wires, and run our street cars, but it is used more and more each day as a therapeutic agent; and as it is my intention to deal with the agent as a therapeutic force only, I will confine my few remarks to it as such, and only as a therapeutic agent for the relief and cure of diseases peculiar to women. Notwithstanding we have many new things to learn in regard to the process, I believe the modern use of electricity is the greatest advancement that has been made in gynæcology during the last five years. Electricity has had its ebb and flow, but it is coming to the front to stay, for its present use is based on scientific principles.

Never before in the history of medicine have we had so many noted men working for the advance of electricity, especially in gynæcology. Why and how is it that they have been prompted to make such a close investigation? Simply because

they have been delighted with the results they have obtained from its intelligent use in the numerous affections peculiar to the sex. I do not wish, however, to be understood to believe, that we can cure every disease that woman is heir to, but I do believe that the time has come for us to have more respect for the weaker sex, and not spay every woman that comes to us with a pain anywhere in the region of the pelvic organs. In other words, I think the time has come for us to be a little more conservative. To be sure, we would not think of applying any form of electricity for the relief of a woman suffering with pyosalpinx, lacerated cervix, or perineum, or in any condition in which pus is formed, or reparative surgical measures are needed. But it is undoubtedly indicated in numerous other affections, such as fibroid tumors, endometritis, ovaritis, vaginitis, hemorrhage, subinvolution, ectopic gestation, dysmenorrhœa, amenorrhœa, menorrhagia, etc. In order to treat any of the above affections, we must first possess a fair knowledge of the physics of electricity; second, we should have a proper apparatus for generating and applying the agent; third, we must be skilled in diagnosis.

I will now proceed to give you a few clinical cases that have come under my own observation:

Case I.—Mrs. F. entered my Home for Diseases of Women on July 1, 1893, giving the following history: Age 24, married five years, has never been pregnant, saying that she was suffering with some womb trouble, for which she had been treated for more than a year without relief.

Upon a careful examination I found her suffering with a severe form of vaginismus and endometritis, on account of which coitus could not be performed without great pain. I decided at once that I had found the cause of her sterility. I begun giving her electricity on the following day by the employment of fine wire faradism by means of a small bipolar vaginal electrode. I gave her as strong a current as she could bear without pain twice a week for three weeks, using the current ten minutes each seance, from which she began to improve very rapidly. After giving her six applications, I continued the treatment once a week for four weeks longer. I then discontinued the treatment, as she was entirely relieved of all symp-

toms of the trouble. She is now pregnant, and in fine health.

Case II.—Mrs. W. entered the Home on August 2, 1893, giving the following history: Age 32, married ten years, and the mother of three children, the youngest one being four years old. She says she has never been well since the birth of her first child, continuing to grow worse after the birth of each child, until when she entered my Home for treatment she was unable for any duty at all. I found, upon further examination, she was suffering with bearing-down pains, leucorrhœa, neuralgia in ovarian region, painful menstruation, frequent urination, bowels never moved without medicine, womb very much enlarged and succulent, and ovaries very tender; in fact, she complained of almost everything that a woman could, and before I had scarcely finished my examination she went into a hysterical condition, shouting and snapping her fingers, and saying she could see angels, and she seemed to be totally unconscious of everything that was real. After watching her closely for a short time, I had the nurses to take her to the operating room, and I applied the faradic current, gradually increasing it until I had quite a strong current on. She soon began to "let up," but I continued to increase the current until she began to laugh, and said, "Doctor I will quit if you will!" And she did quit, and she has never seen any more angels from that day to this. Back to the subject. I began giving her electricity every second day, and gave it in the same manner as in Case I., except I continued each seance five minutes longer. She began to improve very slowly. I continued the treatment about four months, and she is now able to do her work and is enjoying very good health.

I have had other cases which were fully as satisfactory to me as the ones given, but time and space forbid any further remarks on the subject at this writing.

PEPTENZYME IN SURGERY.

BY T. O. SUMMERS, M:A., M.D., F.S.SC., LOND., ETC.

This is a journalistic age. So wide is the field of experimentation, so vast the resources of the experimenter, and so many the workers, that discoveries follow fast upon the heel of discovery, and by the time a volume is issued from the press it has entered into history, as it were, and is only valuable in that it sets forth the methods by which newer discoveries are made. It is thus that the necessity of journalism is established, and while we would in no wise depreciate the value of elaborate standard works, we are forced to admit that the rapidity of modern investigation absolutely demands for practical utility the medium of the monthly journal. Some months ago I published the result of experiments upon the use of "*Pepsin in Surgery.*" I was much gratified to receive numerous reponses to the paper from all parts of the country — most of them corroborating all that had been set forth for consideration and encouraging me to extend my work in this line, which I have done with great satisfaction, especially in the field of neoplastic pathology. I suggested in a subsequent paper a practical possibility in establishing the relationship between neoplasms and normal growth which I am now prepared more fully to elaborate.

In many cases where I have failed to bring about any dialytic action upon neoplastic growths with even the most active preparations of pepsin, I was at a loss to explain the inefficiency. Closer investigation, however, revealed to me the fact that there were other zymotic agents which might be better suited to certain pathological conditions than the pure pepsin whose specific pathological function is too well known to demand more than passing notice. I concluded, therefore, that many of the apparent failures reported to me among so many satisfactory results must be due, not to the failure of the application of the zymic principle to pathology, but to the character (not the purity) of the zymotic agent. In imitation, therefore, of the physiology of the organism I proceeded to apply a combination of those agents in the hope that either the pepsin would be intensified in its action or that a

peculiar molecular relationship would be established thereby which would bring the tissue under zymotic influence.

In carrying out this idea I began experimenting with a preparation furnished me by Messrs. Reed & Carnrick, to which they have given the name of Peptenzyme. What was my gratification to find that in severe cases where I had completely failed to produce any dialytic effect by pepsin, this substance — a combination of dialytic agents — produced rapid and complete disintegration of abnormal tissue.

The most marked effect of this agent is to be observed in the treatment of urethral stricture. I have found that after dilatation the use of this agent rapidly disintegrates the stricture band tissue, enlarging the caliber of the urethra and *rendering permanent the result of gradual dilatation*, which is generally so unsatisfactory and discouraging. I have already laid down fully the theoretical basis for such treatment, and am satisfied with the practical recognition and endorsement which it has received. It is to practical men I address this article, and it is in their interest alone that it is prepared. I feel well assured that those who are more interested in the successful handling of these most troublesome and disheartening cases will gladly receive anything that will supply them with the conditions for following up the ever doubtful victory of stricture dilatation. The substance peptenzyme has been prepared with borax in cacao butter bougies, and I find them the most efficacious method of application. They can be made by any one by melting the substances together in the proportion indicated by the case pouring into a little glass tube and cooling. In this way, in fact, all urethral bougies may be readily made.

As to chronic ulcers the effect of peptenzyme is almost double in intensity to that of pure pepsin. Of course there are cases where pepsin alone is distinctly indicated, but where there is no acute inflammation and where neoplastic products have been developed in physiological stricture the peptenzyme seems to attack the abnormal tissue with more activity and certainly is more searching in its effect. I hope that those who have followed my suggestions concerning pepsin will observe my remarks upon this preparation and give the results of their own observations.

WAUKESHA, WIS., Aug. 1, 1894.

Correspondence.

MALTINE IN INFANT FEEDING.

Dr. C. C. Fite, The Maltine Mfg. Co., New York City, N. Y.:

DEAR SIR—I have used your Maltine for a number of years in weak, strumous, and scrofulous children with the happiest results, but not until the past two or three months have I been using it in conjunction with the food, as you suggested. At the time it was first suggested to me, I was treating three children, all of whom were suffering from an extreme degree of inanition from imperfect nutrition due to gastro-enteritis.

One of these children, aged two months, cared for by a nurse and a very intelligent mother, had been changed from sterilized milk to Lactopeptine a number of times, in the hope to better its condition, but all food gave distress and passed undigested, and I was obliged to either see the child every day or give a lengthy discourse on infant feeding at my office to its mother, and I assure you I was many times severely taxed to know what to do next, as I do not believe in too many changes or experimenting in infant feeding.

Your suggestion as to the Maltine with the sterilized milk was adopted, and I have never seen the child since; in fact, after I advised it, I heard not a word from the family for three weeks, and I began to fear my family had forsaken me, when the mother again called at my office to say they were the happiest family in town, and had not lost an hour's rest at night after the Maltine was commenced.

The other child was of a tuberculous father, and at two weeks of age had several abscesses, one of which was as large as a hen's egg, on the gluteal region. From a strong, healthy, ten-pound child at birth, it had wasted to a mere skeleton in three weeks, at which time I first saw it. It being the first child, the mother had implicit confidence in the nurse, who was one of the

recent "best trained," and who had changed the food five different times in the three weeks, saying she had never failed before to find one that would agree. I ordered the sterilized milk and no more changes. But the child, in the next three weeks, did not gain an ounce by actual weight, and continued to pass food undigested. At the end of this time the Maltine was ordered with the food, since which time (two months and a half) I have not seen the child, but the mother telephones me about once a week to say the child is growing rapidly, improving in weight, and digests its food perfectly.

The other child, aged six months, came at full time after five abortions at four and a half to five months. This child had a most profound syphilitic inheritance, and space will not permit me to describe its condition. Its digestion and assimilation were at the lowest possible degree to permit the child to live. Its parents had despaired of its getting well, and hoped for weeks to see it die, which it would neither do nor get well. The Maltine was given with the food, after your formula, and in two days it began to improve, and in two months' time there was not a fleshier child in town. This sounds rather roseate, but is a fact.

I have a number of children using the Maltine now, and have not found it to disagree with a single one. I gave you above the test cases I was watching for my own benefit, and did not expect to make any report of them, but I am pleased to tell these candid facts and allow you to use them as you wish.

Thanking you for your kindness in calling my attention to the Maltine infant feeding process, I am,

Yours very respectfully,

D. W. SMOUSE, M.D.

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Selections.

THE TREATMENT OF TYPHOID FEVER.*—Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and, at the same time it constitutes one of the really great discoveries in the history of medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine, than all the other propositions known to the profession for the cure of disease.

The symptoms of typhoid fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal caaal. There is a poison there which, if it could be removed before it had become absorbed into the blood, life, and even health would be spared. Allowed to remain, the poison is drawn into the circulation, and very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized by suitable remedies, or washed entirely away by a stream of flowing water, the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of typhoid fever the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally first, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soapy water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person by following

*Read before the Chicago Medical Society, March 5, 1894, by Elmer Lee, A.M., M.D., Chicago.

such ablution is a delight to the physician, and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my contemporaries, that something would be bursted by running a large volume of water into the bowels of persons sick with typhoid fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases has been so deluged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any always seem inconvenient, or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels, should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz.: 75 degrees F.; but if the patient is chilly, or has a low temperature, the water should should be at blood heat, nearly 100 degrees F. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The coöperation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals, and by such a system as may be convenient and suitable to the individual. The bath-tub may be used when the patient is strong enough to be assisted to it; where otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on the bed, covered with a sheet wet with cold water. The patient is wrapped in the sheet, and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one-half to one hour, or even longer if he is comfortable. Bathing opens the pores of

the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin. Let the sick have water, it can do no harm in any case; water only does good. What cruelty it was in fever cases to keep water from them, and what suffering it caused. A half tablespoonful of hydrozone* is added to each glass of water. It is the best and most simple remedy that can be given that is likely to be of benefit in helping to cure typhoid fever. Continued for a few days, it is then laid aside for a few days and glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering these valuable antiseptics. The preparation, glycozone, is chemically pure, redistilled glycerine in which ozone, or concentrated oxygen, has been incorporated, and can be taken with as much freedom and safety as pure glycerine. The glycerine may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of codeine is used, in doses of from one-half to one grain, by the mouth, or one-quarter to one-half grain by the hypodermic method. This remedy tranquilizes the nervous system and induce sleep, and should be administered at night.

The typhoid fever patient receives as food whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious when whipped till it is light and then stirred with a

*Hydrozone now takes the place of peroxide of hydrogen, the the strength is double, the dose one half.

small glass of milk. For a simple and nourishing artificial food, malted milk is always good.

The juices of fruits are delicious to the typhoid fever patients, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe that, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half drained, it is an incouraging sign of beginning restoration. For wholesome drinking, fresh, lake water which has passed through a Pasteur porcelain filter is entirely reliable.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this, which is so simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in typhoid fever; indeed, one of these days, in my opinion, the tratement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me, and practiced during the period of five years, consists, in review, of the following systematic management of typhoid fever:

Water used internally as a douche for free irrigation of the bowels, either simple or made soapy with pure liquid soap. Water as a drink, and as a remedy taken copiously and frequently, especially during the stage of fever. Water is indispensable, and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: hydrozone and glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything can not spread over enough of this enormous area to effect it beneficially. Cleanliness is the principle governing the use of hydrozone and glycozone.

For a remedy that soothes and brings sleep at night sulphate of codeine is better than chloral, besides it is the safest and best.

AN UNSOLICITED TESTIMONIAL

to the value of Fairchild's Essence of Pepsine, copied from a daily newspaper:

> "Attention, Manufacturing Chemists! For "sale,—Recipe for making an Essence of "Pepsine similar to Fairchild's." * * * *

Moral! It will pay the physician to ascertain what druggists in his neighborhood dispense the original and genuine "Fairchild" Essence.

"Similar" products are made only to sell—to be substituted for the original and at the price of genuine—a deliberate fraud upon the physician and his patient.

For food, anything that is simple and in liquid form; milk is always the best; milk and whipped eggs; pressed juice from broiled meat; the juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four honrs), that sufficient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid fever, generally transmitted through the drinking water, is a preventable disease. Typhoid fever affects all classes, but if food and water were always pure, no class or age need contract typhoid fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape typhoid fever and other diseases of the bowels. Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

The use of peroxide of hydrogen as an internal remedy has been widely opposed by some of my patients, owing to its disagreeable metallic taste. This objection was partly obviated by the use of large dilution with water, but still not to my entire satisfaction.

Since reading the foregoing paper, a new antiseptic remedy, called "hydrozone," has been received and examined sufficiently to promise relief from the objections against peroxide of hydrogen for internal use. Hydrozone has now been substituted by me instead of peroxide of hydrogen.

First, on account of its greater bactericide power, as it requires but half the quantity of the hydrozone to obtain the same result; and, secondly, the taste of this remedy is not disagreeable to the patient.—*Chicago Medical Recorder.*

HYSTERIA AND MARRIAGE.—The belief is as old as Hippocrates that hysteria is cured by marriage. But Dr. Wythe Cook finds, from his experience, that in most cases of dysmenorrhœa and hysteria among single women, marriage aggravates the disease. Hysteria is by no means cured by marriage, dysmenorrhœa often returns after pregnancy.—*American Journal of Obstetrics.*

[To all of which we can say amen, and God help the man who has a hysterical wife.]

A GOLD CLINIC.—The regular profession is often stimulated to investigation by the extravagant claims made by, or the accidental discovery of, quacks, who bring their ideas to the notice of the world in such a laudatory and brazen way that the public attention is attracted and purely scientific investigation instigated. In many instances great good results by this method of exposing the vain pretensions of the charlatan.

There is no doubt in my mind, that if Keeley had not advertised his gold (?) cure for drunkenness, a pretension which has been proven fallacious, that the investigations now being carried on all over the world as to the therapeutic uses of gold would not have taken place—not at least for a long time. In the old days of medicine, wonderful results were attributed to this precious metal, but of late years it has fallen in disuse as a therapeutic agent, and until recently has been but seldom prescribed. Later investigators have, however, proven that it does possess wonderful curative properties, and that applied in many cases, results have been obtained that seem (not understanding as we ought the *modus operandi* of its action) little short of the marvelous.

Current literature is filled with the clinical observations of medical practitioners upon this subject and experience widens daily as to the variety of diseases to which it is applicable; in fact it is a good deal as an old doctor said to me not long since: "If I have a chronic case that yields to nothing else, I give on general principles the bromide of gold and arsenic (arsenauro), and it is surprising what unexpected results I get from its use. I can not tell the whys and wherefores of its action, nor oftentimes *why* I give it, but the stubborn fact still remains that it relieves a class of cases that nothing else will. You may say I prescribe it empirically, and so I do, and I want to say to you now that if every doctor waited till he could tell why he he did this or that, in the application of his therapeutics, his patients would die before he got ready to do anything for them."

The old doctor's experience tallied so closely with mine that I thought that it might possibly interest, if I recited a few cases from my own note-book, as well as a few from the experience of others.

Case I.—Miss R., American, born from an old New England

family, 19 years old, a resident of this city, consulted me in November last, with the history of general debility, rapid emaciation, cough, loss of appetite, constipated bowels, coated tongue and such a feeling of malaise that she wanted to sleep all the time. It was all she cared to do, while the slightest exertion would cause excessive palpitation of the heart, with great prostration. The family history was bad. There were the physical signs of tuberculous disease of the lungs, in fact the whole case presented, was typical of hasty consumption.

I corrected the bowels by a calomel purge, following it with one-eighth of a grain of podophyllin every night to insure a movement and proper action of the liver. She was directed to take a dose of Bovinine with one-half ounce of sherry wine four times a day, and ordered that she should have plenty of nutritious food, with perfect rest.

As for medicine I gave alone ten drops of arsenauro three times a day, well diluted with water. It was a week before any change was apparent, and I advised that she should be at once taken to Southern Pines, N. C., for the winter. It took nearly a week to make the necessary preparations, and before they were completed a marked change began to take place. The appetite improved, the cough very gradually diminished, the night sweats ceased and the general appearance as well as the symptoms improved so much, we decided to wait for a little while before sending her to Southern Pines, as she was loath to leave her home and family.

From this date the improvement was slow but steady, and in two months the cough was all gone, the physical signs of the lungs now were of a normal character, she had gained twelve pounds in flesh and the prospect of her recovering health certain. To-day though she still takes five drops of arsenauro twice a day, is apparently perfectly well.

Case II.—Mrs. B., the wife of one of our city's chief officials, for years had been a sufferer from the worst form of muscular rheumatism I ever saw. She was a constant sufferer when she called herself well, but when the acute attacks came on, as they did two or three times a year, she suffered excruciating agony, and the illness lasted usually in spite of the best treatment I could give her, from three weeks to two months.

The *chief* seat of the rheumatism was in the intercostal muscles of the chest, though every muscle of the body seemed to be affected more or less. Large doses of morphine were ordered frequently to quiet her at these times and I dreaded each attack for fear that the heart might become involved. In October last she had an attack, one of the severest I ever saw. I at once gave her arsenauro ten drops four times a day, with such palliatives as were needed. Much to the surprise and delight of her family and myself, she commenced to improve on the fourth day. Opiates were dropped on the fifth day, she was up and about on the seventh day, and had a rapid convalescence from that time on. I ordered the arsenauro continued *t. i. d.*, and after a month all pain ceased. I met her on the street yesterday, a happy woman and grateful patient. She still takes five drops of the medicine once a day, and I propose to keep it up for a year. This led to another case — her brother. Mr. M., American, aged 47, a resident of Bethel, Conn., who had not been able to work for two years. Was all crippled up with rheumatism, which was hereditary. When he first consulted me he was not suffering from an acute attack, but was in a bad way. Three months treatment with arsenauro, ten drops four times a day removed all the pain, and the man is now working every day. He will take five drops twice daily for a year, until all the symptoms disappear and the cure is complete.

Case IV.— Willie McK., 14 years old, from Newtown, Conn. He had the worse attack of herpes zoster I ever saw. His family physician had exhausted all the usual remedies. I advised that he take six drops of arsenauro three times a day. In three days improvement was manifested, and from that time on his recovery was rapid and uneventful.

The following cases are from the practice of Dr. R. W. Lowe, of Ridgefield, Conn., one of the prominent physicians of this section:

"*Case I.*— Mrs. B., age 42, married, has been in poor health for the past five years, the result of an extensive laceration of both cervix and peritoneum with chronic diarrhœa. She was so depleted that an operation was out of the question, and I commenced to build her up preparatory to that event. I used the general tonics, like hypophosphites with iron and strychnine and

gentian with very little improvement. Finally precribed arsenauro, ten drops three times a day, and in two weeks she was out of bed, appetite good and general condition so good that the operation was performed.

Case II.— Miss M., age 35; maiden. Diagnosis, anæmia; symptoms, general amæmic condition, palpitation, dizziness, anorexia and vomiting after taking food. Treatement, stimulated liver with usual drugs. Papoid five grains, and arsenauro ten drops three times daily. She commenced to improve in ten days, and at present is a very different woman. Appetite good and the general anæmic condition disappearing.

Case III.—Mr. C. H. W., age 30. Diagnosis, sciatica of long standing. Treatment, arsenauro in ten drops, three times daily with galvanic current three times a week. Result, cured in seven weeks.

I have used arsenauro in several cases of phthisis with marked improvement in their condition."

Cases might be multiplied, but these seven will illustrate some of the many diseases in which arsenauro is applicable.— W. C. WILE, M.D., in *New England Medical Monthly.*

"SERVED HIM RIGHT."—Under this heading the editor of the *Charlotte Medical Journal* says that a prominent physician of Chattanooga was recently expelled from the medical society for publicly indorsing the Keeley cure. Now what would the editor of the *Journal* say for himself if he should be expelled from a medical society for carrying an advertisement of the Amick Chemical Company? If we were obliged to choose between the Amick Chemical Company and the Keeley Cure, we would accept the latter without hesitation. The editor should have examined his own advertising columns more carefully before writing this editorial on "Served Him Right," because there is such a grand opportunity for this "prominent physician" to turn the tables on his accusers, and point to this ad. which is declared to have been "tested, indorsed and adopted by the medical profession of all schools as the only successful treatment for pulmonary diseases."— *National Medical Review.*

[Yes, it makes a considerable difference when we come to consider whose ox is gored.]

Editorial.

PUBLIC HEALTH.—Another session of Congress has been concluded, leaving public health matters in *statu quo*. Well, with no epidemic visitation at this time threatening, we can possibly jog along yet awhile. When it is not raining the roof may not need repairing; but can we be certain of our ability to protect ourselves when the storm is on hand? During the next few months the great question of any community in this broad land will be the selection of representatives in the National Legislature. More can be accomplished with those who are desirous of the honors and emoluments of the position than after the selection is made. If the medical men will use a little effort at this, the most opportune time of all, possibly another congressional session will not conclude its labors until we have a Department of Public Health adequate and commensurate with our great need. Neorly twenty years ago, Dr. Broditch, of Boston, a pioneer in sanitary science, and one of its ablest exponents, said: "Our present duty is organization—national, State, municipal, and village. From the highest place in the national council down to the smallest village board of health, we need organization. With these organizations we can study and often prevent disease."

The greatest advances in State medicine have been made in the last two decades, but much is yet to be done; and in order that the work may be complete, uniform, and well-sustained throughout—in order that the structure may be the most perfect possible—it stands us well to see that the keystone of the arch—a National Health Department, without which the others are, and will ever be, sadly deficient—is properly and suitably organized. Verily, now is the time for work; the iron being hot, let every one strike.

SECURITY AGAINST IMPOSITION.—This heading is suggested by, and is particularly applicable to, the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same, chemically and medicinally, as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement.) Every package of powder or tablets is so wrapped and sealed, and resealed, as to render counterfeiting impossible. The entire profession should insist upon the safeguards pro-

Nervous Exhaustion.

HOSFORD'S ACID PHOSPHATE

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard by over-work, as found in brain-workers, professional men, teachers, students, etc,; in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

Dr. Edwin F. Vose, Portland, Me., says; "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

Send for descriptive circular. Physicians who wish to test it will be furnished on application, with a sample, by mail, or a full size bottle without expense, except express charges.

Prepared under the direction of Prof. E. N. HORSFORD, by the

RUMFORD CHEMICAL WORKS, Providence, R. I.

Beware of Substitutes and Imitations.

A Vitalizing Tonic to the Reproductive System

SANMETTO

—FOR—

GENITO-URINARY DISEASES.

☞ **A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.**

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men--Pre-Senility,
Difficult Micturition--Urethral Inflammation,
Ovarian Pains--Irritable Bladder.

POSITIVE MERIT AS A REBUILDER.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., NEW. YORK

Mellin's Food

FOR

INFANTS AND INVALIDS,

RECEIVED AT THE

CALIFORNIA MIDWINTER EXPOSITION,

SAN FRANCISCO, 1894,

TWO GOLD MEDALS AND TWO SPECIAL DIPLOMAS OF HONOR.

SAN FRANCISCO, July 2nd, 1894.

TO THE DOLIBER-GOODALE CO., Boston, Mass.

DEAR SIRS: — Mellin's Food was selected for use in the Emergency Hospital at the California Midwinter Exposition on account of its well-known superior qualities as a food for invalids and the delicately sick.

I am pleased to inform you that it has been in constant use during the entire time of the Fair, and has always given such complete satisfaction that no other prepared food was needed in the Hospital.

Yours truly,
(Signed) MARTIN REGENSBURGER, M.D.
Medical Director in Chief.

A liberal sample bottle of MELLIN'S FOOD, sufficient for trial, will be sent free to any physician requesting it.

DOLIBER-GOODALE CO., 291 Atlantic Avenue, Boston, Mass.

FORMULA:

Each fluid drachm contains

Tonga, 30 grs.
Sodium Salicylate, 10 grs.
Ext. Cimicifugæ Racemosæ, 2 grs.
Pilocarpin Salicylate, 1-100 gr.
Colchicin Salicylate, 1-500 gr.

TONGALINE

ANTI-NEURALGIC.
ANTI-RHEUMATIC.

Possesses a peculiar affinity for viscid and sluggish secretions, neutralizing and eliminating them through the bowels and the emunctories.

INDICATED IN

Neuralgia,
Rheumatism,
La Grippe,
Gout,
Sciatica,
Nervous Headache.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.

INDICATED IN

Metritis,
Endo-Metritis,
Subinvolution,
Menorrhagia,
Metrorrhagia,
Leucorrhœa,
Dysmenorrhœa,
Ovarian Neuralgia,
Painful Pregnancy,
After-Pains.

Ponca Comp.

UTERINE ALTERATIVE.

Exercises a decided alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis, and to remove spasmodic conditions.

FORMULA:

Each tablet contains
Ext. Ponca, 3 grs.
Ext. Mitchella Repens 1 gr.
Caulophyllin, ¼ gr.
Helonin, ⅛ gr.
Viburnin, ⅛ gr.

Sample of Ponca Compound sent free on application.

MELLIER DRUG COMPANY, ST. LOUIS.

vided, and there can be no question but this action will be regarded with great favor by them. The latest edition of Antikamnia and Codeine tablets can be obtained direct or from your druggist. Each tablet contains 4¾ grains Antikamnia and ¼ grain Codeine.

For the Benefit of Our New York Readers.—A very neatly and well-written postal-card was received at this office August 26, which read as follows:

"New York, August 24, 1894.

"Dear Sir—Have not received July number of Practitioner. August number is at hand. Please send former, and oblige, yours, etc."

Only this and nothing more. Having no idea who is "Yours, etc.," the request can not be complied with. Sending over one hundred copies to America's great metropolis each month, it is possible that one copy of the July issue has failed to reach the proper party, either through some fault on the part of our mail service or error in our mailing department. Every possible care is taken to see that each number is properly wrapped and addressed. However, we are all liable to errors as well as "Yours, etc." Whenever information is received at this office of any number failing to reach any of our readers, another copy is at once forwarded.

The Sixth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia, and Tennessee will be held in Atlanta, Ga., Tuesday, Wednesday, and Thursday, October 9, 10, and 11, 1894. The Committee on Hall has secured the ball-room of the Kimball House, Atlanta, for the meeting. The room has admirable acoustic properties, and is completely shut off from all noise from the street. Dr. Frank Trester Smith, of Chattanooga, is Secretary, and Dr. J. B. S. Holmes, of Atlanta, President.

Sanmetto in Chronic Troubles of the Urinary Organs.—I am pleased to state that I have used several dozen bottles of Sanmetto in my practice, and in properly-selected cases have never seen anything to equal it. In pre-senility, cystitis, and in all chronic troubles of the genito-urinary organs, Sanmetto has given entire satisfaction to myself and my patients.—*R. M. Collins, M.D., Lookout, La.*

A few of our subscribers have neglected to attend to the monthly notices sent in regard to their indebtedness. It is a little matter that is easy to be forgotten. Please remember that every one at this end of the line endeavors to do his full duty, and it is more than encouraging to have the other end properly sustained.

THE twentieth annual meeting of the Mississippi Valley Medical Association will occur at Hot Springs, Ark., November 20, 21, 22, and 23, 1894. Hot Springs is an ideal place of meeting, and November in that charming Southern health resort is the most delightful month in the year. Socially, the visit will be enjoyable in the extreme, as the physicians and citizens, with their characteristic hospitality, are united and enthusiastic in their endeavors to make the sojourn of their guests pleasant. The railroad rates will be very low, and will be announced later.

CIRCULAR-LETTER.

NASHVILLE, TENN., August 20, 1894.

To Medical Students and Practitioners:

Having recently differed as to the policy adopted by the Faculty of the Medical Department of the University of Tennessee (Nashville Medical College), we have resigned our chairs and severed our connection with the institution. Being the originators and having labored hard for the success of the college with which we have been so long identified, we can not help but express our regret at it being to our interest to withdraw. Yet being in the prime of life, full of energy and hope, we take this method of informing our many friends that it is our expectation to take steps quite soon for the organization of another medical college. While we agree with the almost unanimous opinion that there are enough medical colleges in the country, we can not help indulging the thought, from

our experiences under very trying circumstances, that we can make a success of the prospective one we have now in view.

In the meantime, and for next winter, we hereby announce that we intend to conduct a private class in our special work — viz.: Operative and Clinical Surgery, and Genito-urinary with Venereal Diseases. It will be our aim to make this course as practical as possible. To this end clinical instruction will occupy a large share of our time. Operations on the cadaver, illustrating amputations, ligation of arteries, trephining, lithotomy, cystotomy, the various operations of abdominal surgery, etc., will be demonstrated. Persons affected with venereal diseases will be frequently exhibited, and careful explanation given as to diagnosis, treatment, etc.

This course will begin November 5, 1894, and continue until the end of February, 1895, and consist of one or two lectures and demonstrations daily. Fee for the course, $25. Very respectfully,

DUNCAN EVE, A.M., M.D.
W. FRANK GLENN, M.D.

For further information, address Duncan Eve, M.D., 700 Church Street, Nashville, Tenn.

Reviews and Book Notices.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. By various authors, edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Genito-Urinary Diseases, formerly Lecturer on Dermatology in the University of the City of New York; Surgeon to Charity Hospital, etc., etc. In three handsome royal octavo volumes, Vol. III., DERMATOLOGY, copiously illustrated with wood cuts and colored plates, pp. 976, cloth. (Sold by subscription only.) D. APPLETON & Co., Publishers, 1, 3, and 5 Bond Street, New York. 1894.

The final volume of this magnificent series is fully in keeping with its predecessors, which we have had occasion heretofore to speak of in most appreciative terms, and to which additional examination and reference has only served to increase our admiration. A most excellent selection has been made from the leading and recognized authorities on Dermatology in America to furnish the subject matter of this volume, which has been arranged and edited in a most careful and satisfatory manner.

The classification follows, with certain changes: Crocker's

Modification of Hebra's System, beginning with, I. Inflammations, (the class of Hyperæmias being laid aside, all erythemas are grouped under this head.) II. Hæmorrhages. III. Hypertrophies. IV. Atrophies. V. New Growths. VI. Neuroses, (Urticaria, in its nature and pathogenesis essentially a cutaneous neurosis, included here.) VII. Diseases of the Appendages of the Skin. VIII. Parasitic Diseases.

As set forth in the prospectus, it was intended that the series of volumes composing this "system" should form a systematic and practical treatise on genito-urinary, venereal, and skin diseases, giving a complete picture of the present knowledge of these diseases, and sufficiently comprehensive to serve as a compendium of reference. This we can most heartily affirm has been fully and completely attained.

From the preface to Vol. III. we make the following extract:

"In the effort to present a compendious record of the numerous and important additions made to our knowledge of these diseases within recent years, it was found difficult to compress this mass of material within the limits of conveniently sized volumes. In the preparation of Vol. III. this difficulty has been enhanced by the addition to our nosological category of a large number of new diseases. A comparison of the table of contents of this volume with that of the text-books on dermatology of a few years ago will show that no fewer than forty diseases are now recognized as distinct clinical entities which were then unknown or identified with other dermatoses. New and improved methods of investigation has given us a clearer insight into the intricate nature of many morbid states, necessitating the use of new terms to convey a correct conception of the pathological conditions.

The extraordinary activity displayed in the field of dermatology has not been simply in the direction of introducing new terms and names of diseases. Recent researches into the etiolgy and bacteriology of diseases of the skin have resulted in a clearer comprehension of the essential nature of many diseases formerly obscure, and established the pathological unity of certain affections which were previously regarded as wholly unrelated to each other—such, for example, as the various forms of tuberculosis of the skin, the group of seborrhoic diseases, the

bulbous affections comprehended under the general term dermatitis herpetiformis, the several diseases now recognized as due to psorospermial infection and classed as psorospermis cutis, etc."

The able efforts of the editor, together with the coöperation of the contributors has produced a comprehensive, coherent, systematically proportioned work, complete in all its details and fully up to date.

The colored illustrations, for the most part, have been reproduced by the colorityp process, thus assuring photographic accuracy of detail, while the half-tone plates and illustrations in the text leave nothing to be desired from an artistic stand-point.

A HAND-BOOK OF MEDICAL MISCROCOPY FOR STUDENTS AND GENERAL PRACTITIONERS. Including Chapters on Bacteriology, Neoplasms, and Urinary Examinations. By JAMES E. REEVES, M.D., Member of the Association of American Physicians, etc. With a Glossary, and Numerous Illustrations, partly in colors. 12mo, pp. 237. Price, $2.50. Philadelphia: P. Blakiston, Son & Co. 1894.

The promise contained in the preface of this work to be one of the handsomest volumes ever issued by its publishers, we consider to have been fairly redeemed. The style of spelling championed by the *Medical News* has been followed throughout. It may prove of some annoyance to those whose deficiencies in memory of form served to tinge their young literary lives with bitterness, but orthography, like some matters more philosophical in pretensions, is now much more a matter of choice than even a few years ago.

The author has made his record plainly and smoothly, and it is the best possible evidence of his sincere devotion to his subject that he is so very rarely not perfectly clear. His courage is almost equally apparent; in matters of prophecy and of judgment the sound of his trumpet is certain, if not always in perfect time.

The plan of the work need not be specifically stated at length. We consider it admirable for its purpose — the induction of the beginner into the limits of the influence of a subject whose merits have been strongly stated in this work, but which will be more strongly felt by, than effectively told to, him; if he be fated to lead an independent medical existence, properly so called. Limitations of space are almost painfully obvious on many hands,

as where subjects of such importance as the diagnosis of tumors are dealt with; but misstatements of the gravity of positive errors are very rare. We shall mention for the purpose of especial commendation the author's addition to Delafield's hæmatoxylin (which produces the most attractive results of any simple, permanent staining agent in use, in our opinion); his fibrin stain; and his method of benzol decolorizing for anilin-stained sections.

Some of the inaccuracies to be noted are the absence of specific directions for the use of the plane mirror with the Abbe condenser, and the utility of the stops or diaphram of this appliance in histological work; while the benefits accruing from accurately focussing it are overlooked. We think his avoidance of artificial light a prejudice. Too little use of the fine adjustment we think capable of much greater injury to the eyes, and we believe that anyone will sustain us who has ever tried Dr. Gower's plan of distinguishing the white blood-corpuscles from the red ones by raising the objective slightly above the proper focal plane, in using the hæmacytometer.

In general application his method of treating tissues for mounting is very commendable indeed; but it is not sufficient to exclude the use of chromic acid and the chromium salts, and the osmic acid mixtures. The statement of the uselessness of celloidin requires some modification in the face of Weigert's advocacy of it for large sections particularly; and the utter condemnation of the freezing microtome is surely too summary, in view of Bevan Lewis's great use of it (by which means alone in neurological microtomy artefacts may be surely excluded), and of Coates' method of mounting tissue ready for inspection in an hour's time by freezing in oil of anise. (*Journal of Pathology and Bacteriology*, Vol. II., p. 492.)

The statement regarding the unusual organisms in the urine should indicate that the ova of *Bilharzia hæmatobia* are to be found; and the cut of that parasite should show an ovum. The cut of *Filariæ sanguis hominis* is not one likely to prove useful in diagnosis. Otherwise the illustrations are well selected. It is a little surprising that filariasis is not mentioned in connection with chylous urine. Manson (*Hygiene and Diseases of Warm Climates:* London 1893) thinks the connection absolutely invariable.

The glossary is a step in the right direction, although a short one. It is too short to include *Charlatan* aad omit *chemotaxis*, and it should give *apochromatic* the meaning it has for the microscopically erudite.

We are glad to see a proper plural form of the much-abused word *spirillum*. Usage had well-nigh changed its gender.

Only a few typographical blunders remain: *converge* for *diverge*, p. 51; *antinomycosis*, p. 113; and *iod-pot*, p. 87.

The foregoing enumeration of defects is the best evidence we could give of our interest in this little book. We are quite sure that its infancy will be short and healthy withal; and that the deficiencies of that somewhat unfortunate period of life will be amply atoned.

It deserves the warmest patronage from those whose wants it meets.

To the above critical review, prepared by request, by an esteemed friend now in the U. S. Navy, a most competent, capable and accomplished member of the Medical Staff, we desire, on account of our high appreciation of this most excellent work to append the following statements from gentlemen who are better versed in the technique of microscopy than we are.

Dr. George M. Sternberg, Surgeon General United States Army, in a personal letter to the author, says: "I have received a copy of your "Medical Microscopy," and congratulate you upon its creditable appearance and valuable contents. It is surprising how wide a field you have been able to cover in the little volume. I have run through it hastily, and am much pleased with the book. I predict for it a large sale.

"Congress has cut down my appropriation for the present fiscal year $25,000 below that of any year since the war, so I am obliged to economise in every way. Otherwise I should at once order a copy for each military post. If the money holds out, I shall hope to do so towards the end of the fiscal year."

Prof. James Tyson (University of Pennsylvania) says: "I am sure I can truthfully say the book fulfills in every way all you claim for it. Besides being accurate and reliable and bearing the stamp of personal experience in all its directions, the fact that its author brought himself to the high degree of manipulative skill he has attained, and by self teaching only, will be an

encouragement to many who have been heretofore deterred by supposed difficulties."

Prof. J. E. Clark (Detroit College of Medicine) says: "I have no hesitancy in stating that I consider it the best work extant for use of medical students, and shall have much pleasure in recommending it to the students of my class. . . . Accept my sincere congratulation on the outcome of your efforts, and also my conviction that you have builded possibly better than you may be aware of."

Prof. Geo. H. Rohé (College Physicians and Surgeons, Baltimore) says: "I have gone through it with much interest. It onght to be popular with doctors and students. I have directed it to be used as a guide in my pathological department."

Mr. Edward Bausch (of the house of Bausch & Lomb) says: "It will fill a want long felt and be a great factor in bringing into more general use the microscope with the medical profession. To the man who owns a microscope, because he thought he ought to have it, it should be of great value."

A TREATISE ON DIPTHERIA. By DR. H. BOURGES, translated by E. P. HURD, M.D., (Physician's Leisure Library Series), 12 mo., paper, pp. 173, price 25 cents. GEO. S. DAVIS, Publisher, Detroit, Mich. 1894.

A very excellent, thorough and comprehensive treatise on a much dreaded disease, the resultant, according to the author of a bacillus and a poison; the disease comprehending two orders of symptoms; the one (localized at the point of infection, and harmful only by the mechanical accidents it may provoke, as the obstruction of the air passages by the false membrane), due to the bacillus; the other, working a profound poisoning of the organism by the diphtheritic toxine, giving rise by itself to grave general troubles and profound lesions of the viscera.

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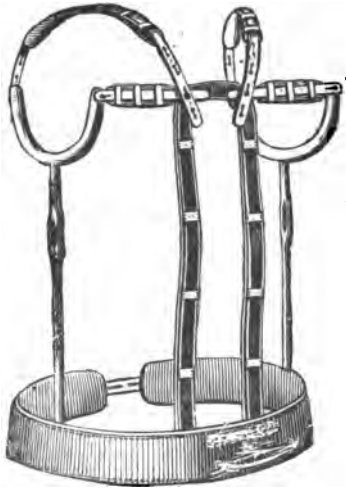

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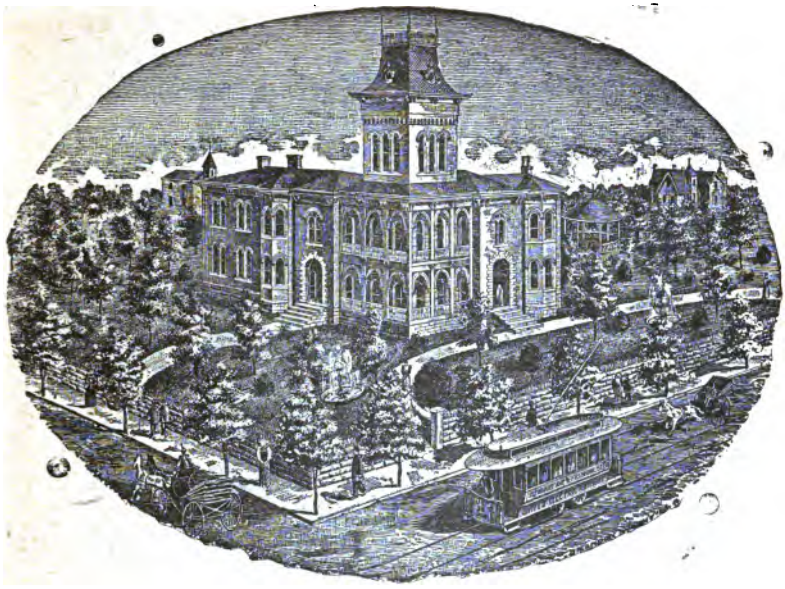

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